

2010 Military Health System Conference

Individual Medical Readiness and Family-Centered Care

Sharing Knowledge: Achieving Breakthrough Performance

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Monday Jan 25, 1300-1430

Family Well Being

Sustaining the All-Volunteer Force

Individual Medical Readiness Family-Centered Care Agenda



Screening for Family-centered medical readiness is discussed in the context of family stability issues that raise the risk of premature redeployment of the Active Duty Service Member.

Agenda:

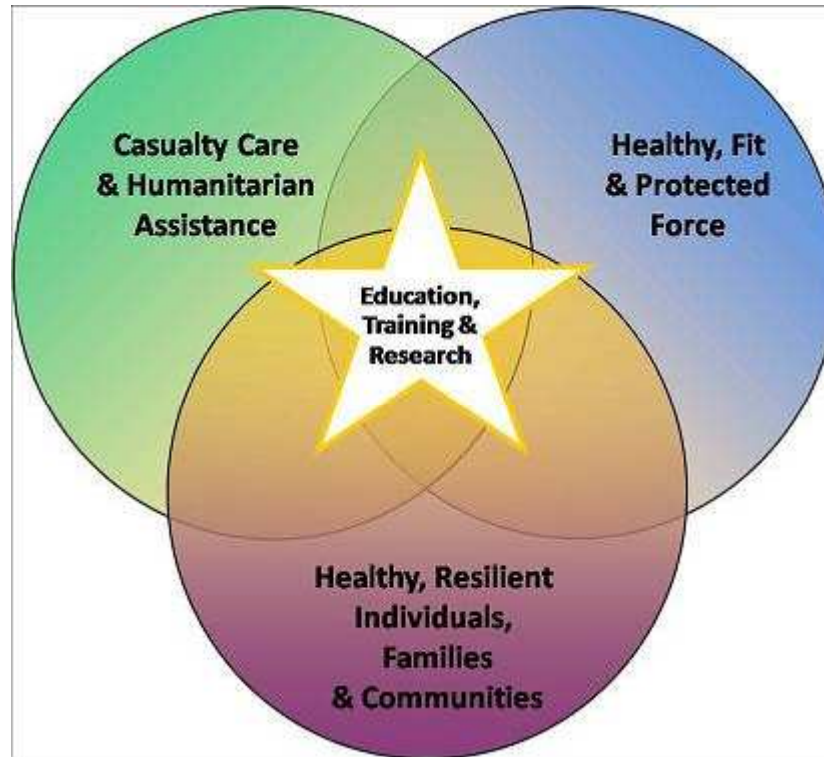
1. Discuss the concept and recent data that suggests an urgent need to support Family-Centered Medical Readiness.
2. Present Individual Medical Readiness definitions, metrics, and how they are a validating tool to measure all our clinical efforts in enhancing the readiness status of our Service Members.
3. Describe how family stability issues can increase the risk of early redeployment of the Active Duty Service Member.
4. Outline the components of a pre-deployment survey program that establishes a safety net for Family stress issues to prevent unnecessary early redeployment of the active duty sponsor and enhances the well-being of every family member.
5. Q&A

How does Family Readiness fit into the larger context of the MHS Strategic Plan?



- MHS Mission: Family medical readiness supports the healthy and resilient family
- Quadruple Aim – Family medical readiness supports readiness, population health, and experience of care
- Strategic Imperatives Directly Affected by Family Medical Readiness
 - Individual Medical Readiness (holistic)
 - Psychological Health
 - Engaging Patients in Healthy Behaviors
 - Wounded Warrior Care

Hypothesis: Increased Family Medical Readiness Supports Mission Success

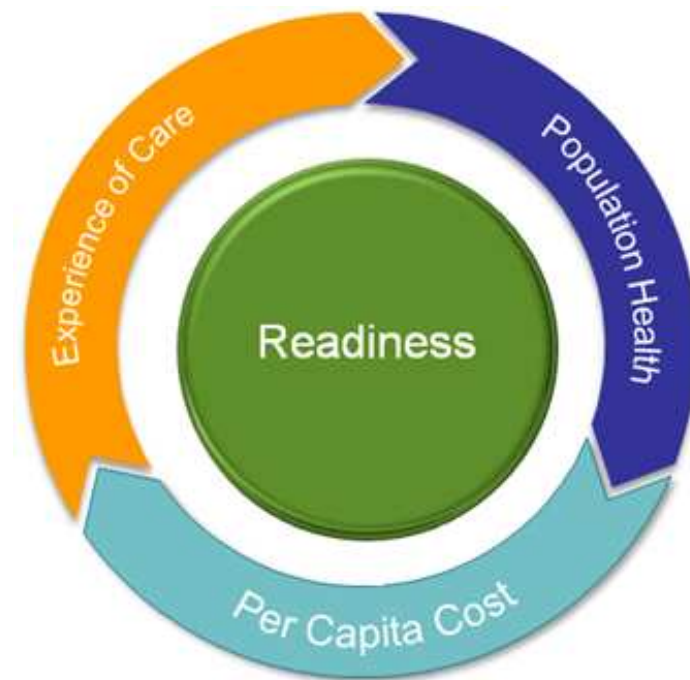


MHS Mission: Provide optimal health services in support of our nation's military mission – anytime, anywhere

A Focus on Family-Centered Medical Readiness Supports the Quadruple Aim



- Quadruple Aim
 - Readiness
 - Population Health
 - Experience of Care
 - Per Capita Cost

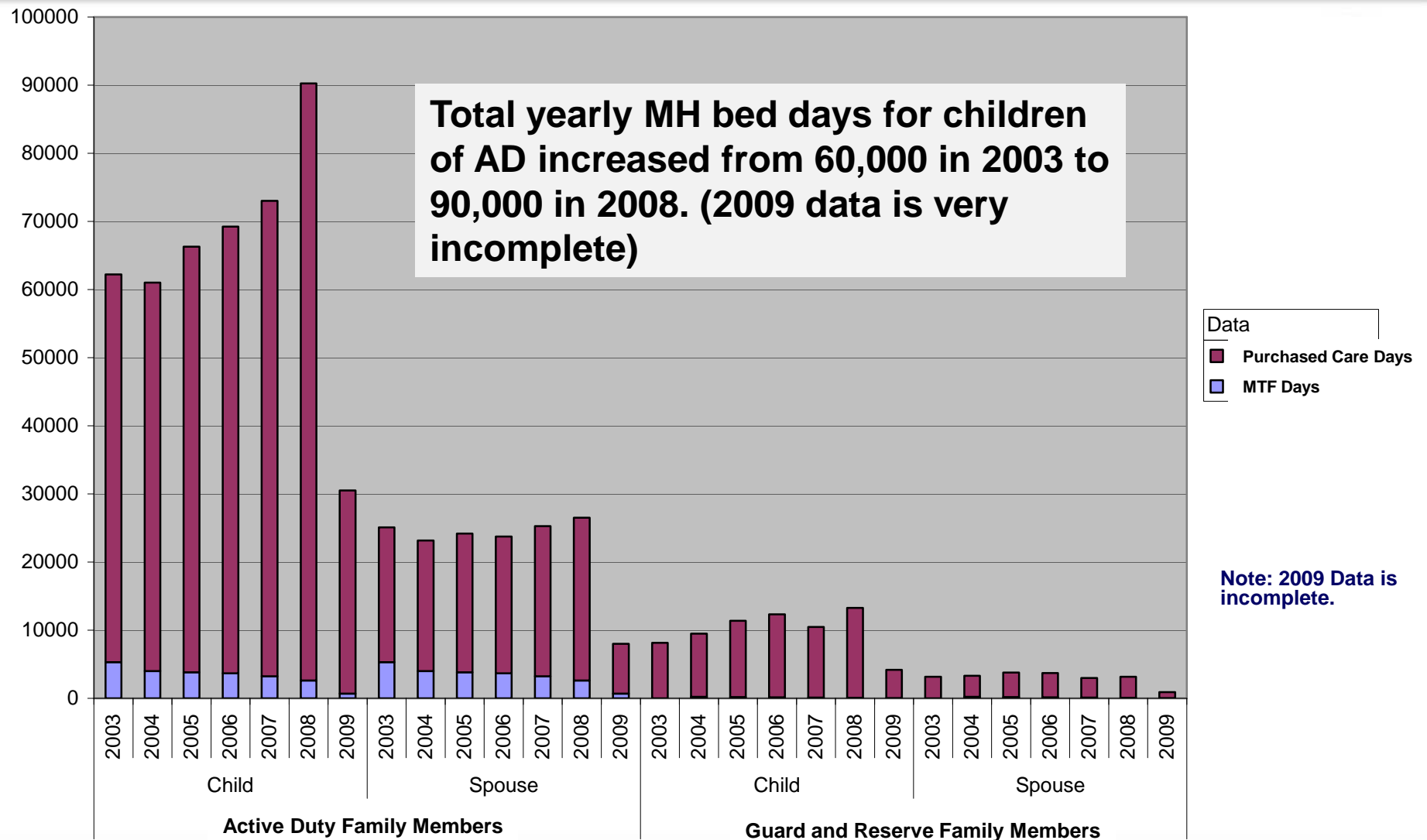


Family Medical Readiness – Why Now?

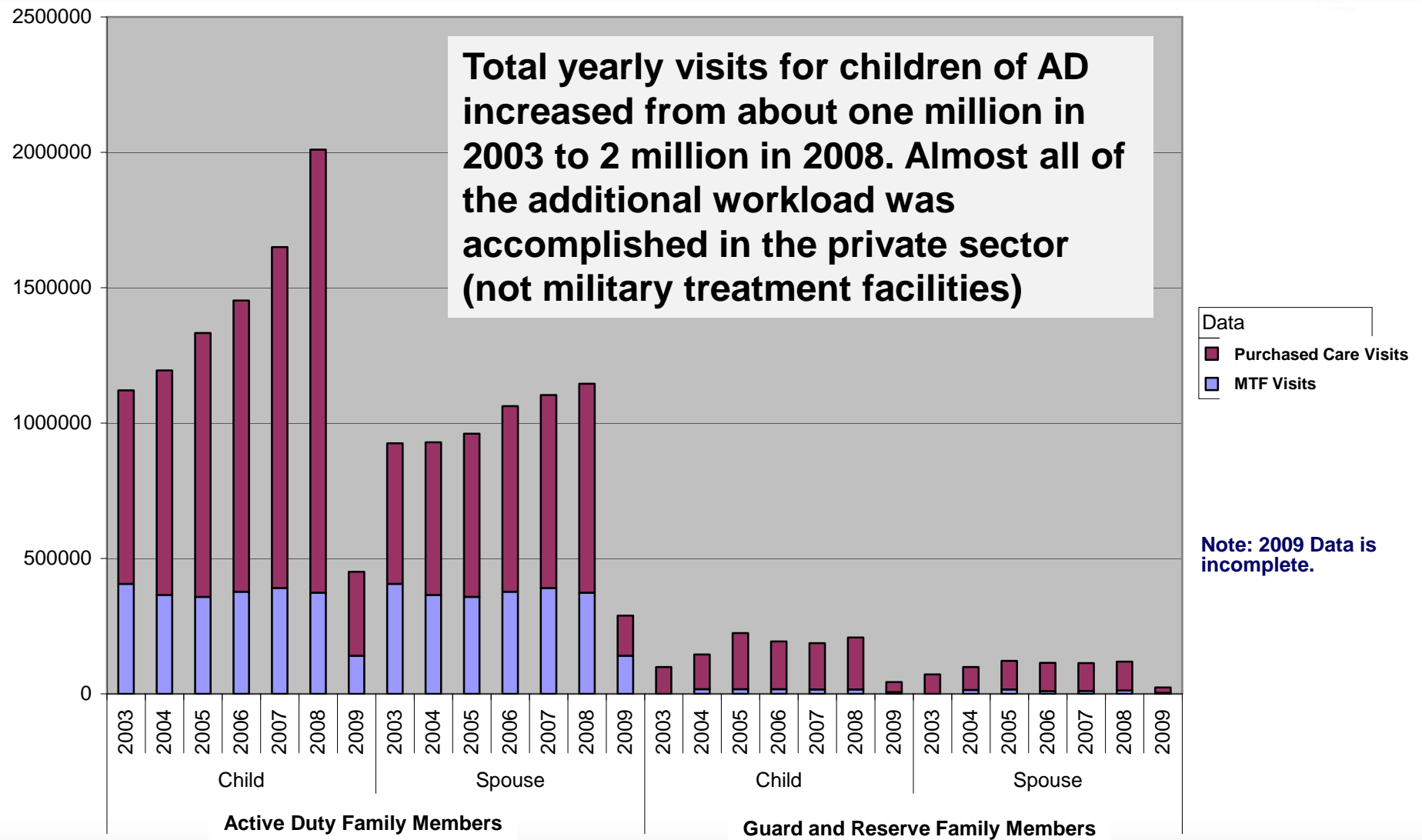


- The military family is under stress and will remain so for some time
- Our focus is shifting from healthcare to health and the family is a major determinant of overall health status
- While we understand the need to enhance the resilience and readiness of the family, it is our opinion that a comprehensive program is not yet in place

Family Member Inpatient Mental Health Utilization – Total Bed Days



Family Member Outpatient Mental Health Utilization – Total Visits



Increased Family Medical Readiness leads to Improved Health and Increased Well Being



WHO

PREAMBLE TO THE CONSTITUTION

The STATES parties to this Constitution declare, in conformity with the Charter of the United Nations, that the following principles are basic to the happiness, harmonious relations and security of all peoples:

Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.

The health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest cooperation of individuals and States.

The achievement of any State in the promotion and protection of health is of value to all.

Unequal development in different countries in the promotion of health and control of disease, especially communicable disease, is a common danger.

Healthy development of the child is of basic importance; the ability to live harmoniously in a changing total environment is essential to such development.

The extension to all peoples of the benefits of medical, psychological, and related knowledge is essential to the fullest attainment of health.

Informed opinion and active cooperation on the part of the public are of the utmost importance in the improvement of the health of the people.

Governments have a responsibility for the health of their peoples which can be fulfilled only by the provisions of adequate health and social measures.

ACCEPTING THESE PRINCIPLES, and for the purpose of cooperation among themselves and with others to promote and protect the health of all peoples, the contracting parties agree to the present Constitution and hereby establish the World Health Organization as a specialized agency within the terms of Article 57 of the Charter of the United Nations.

“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

-Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946

Our Aim – Expand the Focus



Improve Physical, Emotional and Social Well-Being

- Keeping healthy people healthy
- Reducing modifiable lifestyle risk factors
- Optimizing care and support for those with disease or conditions
- Reduce the impact of predictable stressful events (deployments)

Shared Vision for Improving Well-Being and Family Medical Readiness



1. Expand The Focus – *from* Health Care *to* Health and well-being
2. Create Measures – to credibly assess the state of health and well-being of the family
3. Move the Needle – through interventions and programs that improve health and well-being of military families and improve mission effectiveness

Importance of Family Readiness to Mission Success



- Family Readiness is a key component of Mission Readiness
- Improves soldier commitment to mission
- Improves soldiers morale and pride in unit
- Improves unit and service member readiness
- Improves mobilization preparation
- Improves retention

Source: Army Family Readiness Handbook

Medical Readiness Supports Overall Readiness



- "Family readiness is defined as families who are prepared and equipped with the skills and tools to successfully meet the challenges of the military lifestyle. Family readiness directly affects the fundamental purpose of the Marine Corps to make Marines and win battles by building commitment and raising morale, thereby increasing unit readiness."
 - Source: US Marine Corps
- Family Medical Readiness (IMR) supports overall family readiness just like individual medical readiness supports overall force readiness.
 - Let us review current aspects of IMR

Family-Centered Medical Readiness



Individual Medical Readiness:

- Introduction to Medical Readiness
 - The extent to which an individual Service member is free from health-related conditions that could limit his/her ability to fully participate in military operations
- Where do we all fit in within IMR, the MHS and the Family-Centered Medical Readiness?

Family-Centered Medical Readiness



- The extent, the ability, to which a Service member's family is in full deployable status
 - Be fully “deployed”
- Medical deployability
- To see the family as an extension of our deployed forces
 - Or is it to see our Service members as extension of their families

Family-Centered Medical Readiness



- Individual Medical Readiness
 - A means to assess an individual service member's, or larger cohort's, readiness level against established metrics;
 - Applied to six key elements
 - Determines medical deployability
- Briefed quarterly to
 - DoD Force Health Protection Council (DASD(FHP&/R))
 - Senior Military Medical Advisory Council (ASD(HA))

Family-Centered Medical Readiness



- The IMR elements
 - Dental Readiness
 - Periodic Health Assessments
 - No Deployment Limiting Conditions
 - Immunization Status
 - Individual Medical Equipment
 - Medical Readiness Laboratory Studies

Family-Centered Medical Readiness



- What do we measure and why
 - Fully Medically Ready
 - Current in all six elements
 - Goal 75% (DoDI 6025.19)
 - Partially Medically Ready
 - Immunizations
 - Readiness laboratory studies (HIV/DNA)
 - Medical equipment (Gas Mask Inserts)
 - Not Medically Ready
 - Deployment limiting condition
 - Hospitalization/convalescence/Dental 3/Pregnancy

Family-Centered Medical Readiness



- What do we measure and why
 - Indeterminate
 - Unable to determine Service member's current health status
 - Overdue Periodic Health Assessment (PHA)
 - Dental Class 4
 - Lost medical records
 - Goal: < 10%

Family-Centered Medical Readiness



- What we track and report: FHP&R QA
 - **Fully Medically Ready:** Goal $\geq 75\%$
 - **Total Force Medically Ready:**
 - Known health status Fully Medically Ready plus Partially Medically Ready
 - Goals: FY10 - 80%, FY12 - 82%, FY14 - 85%
 - **Medically Ready:** P&R Goal 92%
 - (FY10 - 90%)
 - Subtracts **Indeterminates** from calculation (total force)
 - **Indeterminate Status:** Goal $< 10\%$ total force

Family-Centered Medical Readiness



- Applying principles of the Patient-Centered Medical Home to Readiness
- The Medical Home is an approach to primary care organized around the relationship between the patient and the personal clinician/clinical team
- All we do and all our efforts have to support our mission



Family-Centered Medical Readiness



- The Family Home model takes it one step further where we integrate all our efforts
- To maintain a fit, healthy and ready force
 - All aspects of the Service member's situation must be addressed
 - This includes, not only the Service member's personal health and readiness, but that of his family members, too

Family-Centered Medical Readiness



- We need to treat our Service members with the same approach as specialized occupational medicine clinics/centers
 - NASA
 - Aerospace Medicine
 - Special Operations/Tactics
 - Specialized Industries
 - ***DoD Service Member*** – should not be new paradigm
- Every encounter with Service member must account for his/her occupational/military roles and duties
 - Every encounter with Service member's family, too

Family-Centered Medical Readiness



- On every encounter with service member
 - Think: IMR
 - Deployment limiting medical conditions
 - Make an occupational assessment at every visit
 - » Think deployment-deployability
 - » Think when to get him/her back to “status”
 - PHA-Dental: check status/update
 - Immunization: check status/update
 - Gas Mask Inserts/Labs

Family-Centered Medical Readiness



- On every encounter with family member
 - Think IMR
 - Why?
 - Because everything we do, everything that happens, every concern, whether administrative, medical or environmental...will affect the service member's ability to remain fit and ready to deploy...and remain deployed
 - We have to treat the family's medical stability as an important aspect of our deployment medicine efforts
 - We must think of a “family readiness assessment” and “status”

Family-Centered Medical Readiness

Assessing Family Stressors/ Events



- LO2: List at least three important family life events to ask a Service Member about in establishing a community safety net of preventive interventions that increase family member readiness before military deployment.

Family Medical Readiness

What's Available on the Web?



1. Unit family readiness/ support activities
2. Life events
3. Forms

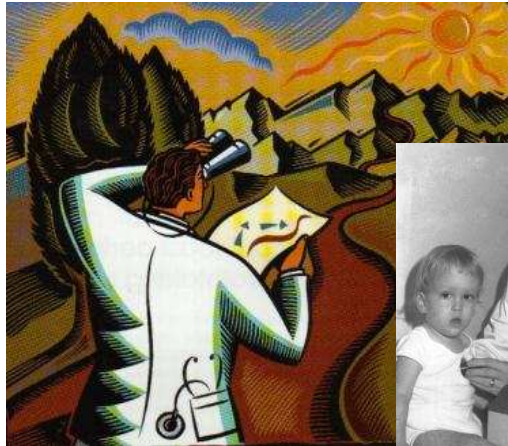


Family Readiness – Promo



George Patrin, MD

Pediatrician – Administrator - Commander



18 April 1987 to 7 April 2009



2010 MHS Conference

Issue:

700,000 children in the U.S. have at least one parent deployed overseas for military duty, mental health support is needed.

American Psychological Association (APA) Presidential Task Force Report
Published February 26, 2007

Solution:

Targeted, interactive screening tools that inform and empower families leading to more effective use of limited community resources, supporting deployment mission.

ESTABLISH A COMMUNITY-CENTERED MEDICAL HOME APPROACH TO SCREENING AND INTERVENTION!

- **Deployment Risk Assessment for Families!**
 - **Similar to EFMP/ PDHRA**
- **Everyone is screened to set up a 'safety net' as needed.**
- **Goal is to deploy everyone...and keep them deployed!**

Family Events Affect Readiness



- Prior research and historical events tell us which events commonly cause disruption of “activities of daily living (ADLs)” and need for additional support
- Family stability issues induce risk of premature (early) redeployment of sponsor

Adapted from The Social Readjustment Rating Scale

Holmes and Rahe (1967), Modified by Pincus and Adler (2000)

- Used in more than 1000 studies (as of 1982)
- Scores > 150 Life Changing Units (LCU's) in one year are problematic, associated with health problems
- Scores of 150 or above (in one 12 month period) are associated w/ psychological problems
- Questions 44-50 are military specific , yet to be validated

Risk Assessment

Interventions (Events) Currently Available



- **Family Readiness Support Meetings**
 - often not an 'active process', passive info
- **SRP / Soldier Pre-Deployment Form**
 - partially screens soldiers
 - data not 'available' to providers
 - does not address dependent-specific needs
- **EFMP team at ACS/MEDDAC**
 - need reliable "Family-Find" event



Pilot Risk Assessment Program

- Deployments/Assignments are disrupted by incomplete soldier and/or dependent info
- Implement Pre-Deployment Intervention
- Four categories
 1. Not screened, mission successful
 - 2. Not screened, mission disrupted**
 - 3. Screened, “No Risk”, mission disrupted**
 4. Screened, + Risk, + interventions mission successful

Pilot Risk Assessment Tool



11 'Life Event' Questions

1. Married/'Sig. Other'?
2. Recent Change?
3. Single Parent?
4. Friend/Relative II?
5. Financial Problems?
6. **Chronic Medical?**
7. **Mental Health?**
8. **Hospitalization?**
9. Medications?
10. Alcohol?
11. **Profile (Work-Up)?**

Deployment Risk Questionnaire

Referral Suggestions



Recommended evaluation for each question

1. Married/'significant other' > four months?

Ask re: stability of relationship, length, current counseling, any concerns

2. Recent change of marital status?

Who/What made change, why, how long ago, current counseling, concerns

3. Single parent?

Have alternate guardian plan? Emotional stability of child? Depression?

4. Had close friend/relative become ill or die?

Feel as though it's affecting you? Are you likely to be needed here?

5. Financial problems?

Have a plan in place to resolve? Likely to be in trouble with creditors, law?

6. You/Family with chronic medical condition(s)/specialist needed?

Diagnosis, how long, specialists seen, prognosis known?

7. You/Family with mental health concerns?

Diagnosis/learning d/o, education plan, how long, specialists seen, prognosis known?

8. You/Family hospitalized?

Diagnosis, prognosis, depression, will you be needed?

9. Prescribed medicines?

What meds, how long now, for what, have supply?

10. Drinking problem?

How long, resolved, current treatment/plan, other drugs?

11. On profile?

For what, how long, treatment plan?

Do you have a preference for who will contact you? Where? Best number?

Consider referring to:

ACS/PCM/CHAP/MH

ACS/PCM/CHAP/MH

ACS/CHAP/MH/UNIT

PCM/MH (for child)

ACS/PCM/CHAP/MH/UNIT

FINANCE/JAG/ACS/UNIT

EFMP/PCM/CHAP/MH

EFMP/PCM/CHAP/MH

EFMP/PCM/CHAP/MH

Refer ALL to UNIT PA/PCM

(make list for PA)

ACS/PCM/CHAP/MH

Refer ALL to UNIT PA/PCM!

- **Family deployment risk assessment – Fall 1999 (Bosnia/Task Force Med Eagle)**
 - **Similar to EFMP, prior to PDHRA**
 - **All families in a unit were screened.**

Pilot Risk Assessment Tool

Information Flow/Interventions

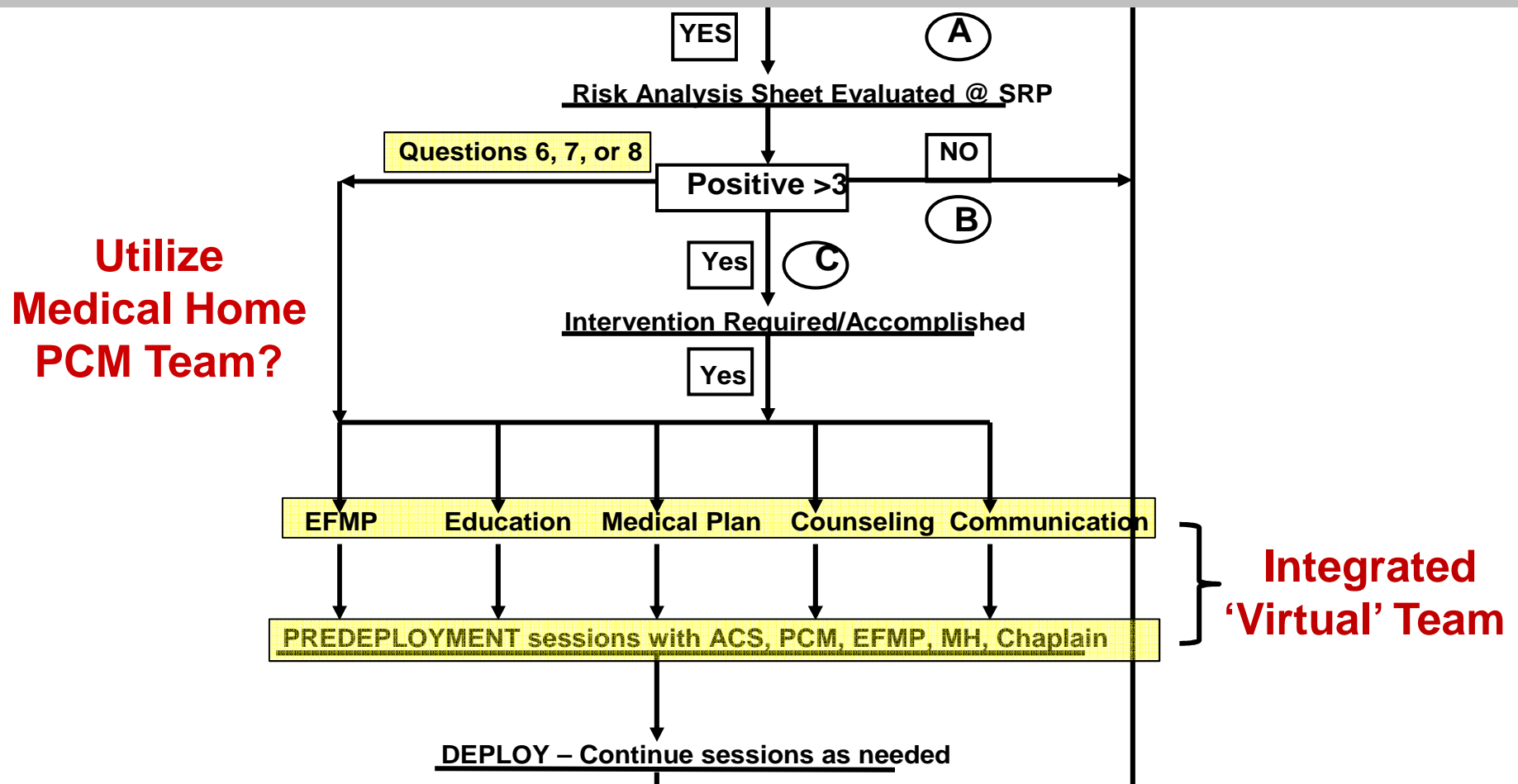


- Four or more “Yes” answers?
 - Initial call/interview = “OK” or “Forward”
 - Forward to ‘risk assessment team’
 - *ACS, medical, chaplain representatives
 - *PCM, Review medical records, appt.
 - *EFMP enrollment team
 - Intervention plan(s)
 - *Pre-Deployment (**Command Decision?**)
 - *Deployment

Readiness Risk Assessment Algorithm



- Numerous families required significant 'safety net' arrangements.
- Prevented 15% early re-deployment.



- Submitted after action report for consideration as Army program.
- No response or action taken.

Pilot Risk Assessment Tool

Data Keyed to Four Areas



| | | | |
|---|----|-------|---|
| _____ | of | _____ | soldiers gave more than three "Yes" |
| answers and were considered 'at risk' for early redeployment. | | | |
| After intervention, | | _____ | soldiers were considered ' <u>at risk</u> '. |
| _____ | of | _____ | required appts or calls with EFMP |
| to enroll or update EFMP paperwork ("YES" to 6,7, or 8). | | | |
| After review, | | _____ | soldier FMs were enrolled in <u>EFMP</u> . |
| _____ | of | _____ | soldiers are on <u>chronic medication</u> . |
| Unit PA/MD should be aware, have meds on hand. | | | |
| _____ | of | _____ | soldiers have a <u>profile</u> . |
| Unit PA/MD are aware and have updated the treatment plan. | | | |

Pilot Risk Assessment Tool

Results



| <u>UNIT</u> | <u>Deployed</u> | <u>Screen</u> | <u>1</u> | <u>2</u> | <u>3</u> | <u>4</u> | <u>5</u> | <u>6</u> | <u>7</u> | <u>8</u> | <u>9</u> | <u>10</u> | <u>11</u> | <u>>3</u> | <u>EFMP</u> |
|-----------------|-----------------|---------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|-----------|--------------|-------------|
| TOTAL | 2630 | 930 | 555 | 77 | 27 | 123 | 25 | 72 | 33 | 53 | 84 | 23 | 65 | 35 | 126 |
| | % | 35 | 60 | 8 | 3 | 13 | 3 | 8 | 4 | 6 | 9 | 2 | 7 | 4 | 14 |
| QUESTION NUMBER | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | CALL | EFMP |

QUESTION CONTENT :1=Married/SO; 2=Relationship Change; 3=Single Parent); 4=Ill/Died; 5=Finances;
6=Chronic Medical; 7=CMw/Psych; 8=Hosp.; 9=Meds; 10=Alcohol; 11=Profile

Pilot Risk Assessment Tool

EFMP Record Screen Results



84 Dependent Records (60 Sponsors)

| <u>TOTALS (%)</u> | <u>REQUIRE</u> |
|-------------------|-------------------------------|
| 49 (58) | No EFMP Intervention (Clear) |
| 4 (5) | Enrolled/UTD |
| 20 (24) | Enrollment* |
| 11 (13) | Already Enrolled, Need Update |

*Enrollment/ Need Update important as many are being reassigned on return.

Pilot Risk Assessment Tool Recommendations



- Complete SRPs at least three months before deployment
- Request all team members (PA's, PROFISed MDs, chaplains, EFMP personnel) be present to interview
- Begin interventions at the SRP site
- Train unit commanders and medical OICs prior
- Combine w/soldier pre-deployment questionnaire
- Have administrative personnel enter data at SRP site
- Establish communication links with rear detachment prior to deployment

Family Activities Enhance Readiness



Universal Screening Program for Families Affected by Deployment



Prevention With Universal Education and Screening Programs

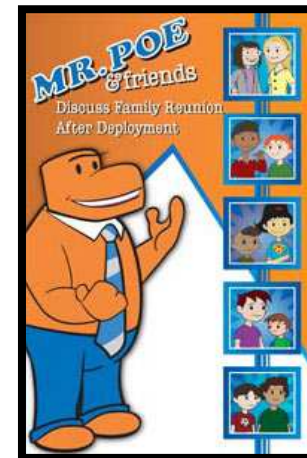


A. Education/ Awareness – 1st 'Visit' (Self) Intervention

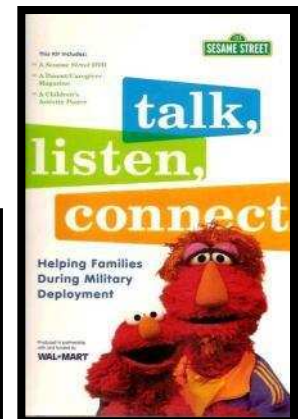
- All ages have video program with guide
- Products promote discussion, reassurance, resilience
- Used in the home, on line, or in school (educates community providers)
- Extends care givers, promote appropriate use of community/ mental health resources, improving outcomes

B. Research – Baseline and Monitoring

- AKDQ gives demographics, efficacy
- PSC mental health screen (score >28) establishes baseline, trend over time, proactive, follow-up
- Can collect one data point or trends
- Use pilot platform for other training, evaluation programs (PHA)?



Click on Poe for News Promo



Screening Questionnaire/ Survey



1. Attitudes, Knowledge, and Demographics Questionnaire (AKDQ)

2. Pediatric Symptom Checklist (PSC) & PSC Youth Report (Y-PSC)

- estimates
- NOTE: Poverty, single parent family, family history of mental illness, among other factors (military?), elevates the percentage of children scoring positive on the PSC.

Does your child have any emotional or behavioral problems for which she/he needs help? ☐ N ☐ Y
Are there any services that you would like your child to receive for these problems? ☐ N ☐ Y
If yes, what services? _____

Pre-Deployment Survey Program Pilot (Feb 07)



Descriptive Statistics for Valid¹ PSC Test Scores

| <i>Variables</i> | <i>n</i> | <i>%</i> | <i>Mean</i> | <i>S.D.</i> | <i>Positive</i> ² | <i>%</i> | <i>Help</i> ³ | <i>Total %</i> |
|--------------------|----------|----------|-------------|-------------|------------------------------|----------|--------------------------|----------------|
| PreSchoolers (3-5) | 14 | 16.1 | 14.9 | 7.5 | 2 | 14.3 | 0 | 14.3 |
| Elementary (6-11) | 47 | 54.0 | 16.4 | 10.5 | 7 | 14.9 | 5 | 25.5 |
| Teens (12-18) | 26 | 29.9 | 19.5 | 9.4 | 5 | 19.2 | 2 | 26.9 |
| Totals | 87 | 100 | 17.1 | | 14 | 16.1 | 7 | 24.1% |

Jellinek PSC results = 10-15% positive among U.S. population

- **61 families, 45 parents, 99 children, (87 with valid scores)**
- **17% currently deployed, average # deployments = 2.3**
- **90% adults “agree” that children will have mental health problems**
- **Adults “uncertain” if children are “aware”**
(“I never knew my kids were thinking about this so much until they filled out that questionnaire.”)
- **90% adults “strongly agree” they feel comfortable talking to children**
- **15% increase in feeling “competent to discuss” after viewing video**
- **95% “strongly agree” videos should be shared with all families**

Deployment Monitoring Website Using Video Access & IRB Research Process



U.S. Army Medical Department Center & School - Hurricane Rita Updates - Microsoft Internet Explorer provided by ITBC Ft. Sam Ho

https://samhws33/csdev/youth.aspx

U.S. Army Medical Department Center & School - Hurr...

AMEDI

U.S. Army Medical Department
Center & School Portal
A Joint Medical Training Center

Step 3. Demographics and contact data collected for parent and child.

Step 4. Appropriate surveys sent to personal email in-box.

Step 2. Letter invites them to participate (informed consent) - can decline; if "No," straight to **video**, Step 7).

Step 5. Child/Teen Pediatric Symptom Checklist (PSC) baseline done (if participating) prior to viewing video.

Step 6. Answer adult/child/teen survey questions (# 1-12) (if participating) prior to watching video (own-control).

Youth Coping With Military Deployment

A multi-media deployment toolkit Featuring video programs for all age groups, from toddlers to teens, to help them deal with deployment and separation issues.

For maximum benefit, the originator read the [DVD/CD memo](#) first, before also want to review the appropriate especially if you are going to let consider downloading the support [Resources](#)".

To begin using the toolkit, CLICK

- For Toddlers (3-5 yrs): [Talk Listen](#)
- For Children (6-11 yrs): [Mr. Po and Friends Discuss Deployment Reunions / Download](#) (68.5 MB)
- For Teens (12-18 yrs): [Promoting Resilience in Your Family / Download](#) (77 MB)

Documents and Resources:

- [Documents and Resources](#)



Step 1. Read documents, click on age-appropriate video.

Step 8. Thank them, respond back by email (only if PSC survey positive or request help).

Step 7. **View appropriate video**, then answer post-viewing questions (13-18).

Website Survey Invitation



http://www.cs.amedd.army.mil/?d=mr_po.wmv - Deployment Questionair...

Deployment Questionnaire

*The originators of this video toolkit would like your help in making them even better. Would you be willing to take about 5 to 10 minutes to answer a few questions about yourself and/or your child before and after viewing the video? It would help us make sure the video(s) provides the most help to families!

*The first few questions are about who you are, what you already know about deployment, and how you feel about the effects of military deployment on families. After you view the video you be asked to answer five additional questions about what you thought of it and what we can do to improve the video program.

*Your responses will be used to make improvements to the video(s). The information you provide will be used anonymously. Personal information will not be shared with anyone else without your permission.

Thank you, in advance, if you choose to participate!

As: Would you be willing to fill out a questionnaire? Yes

al: We also have a screening survey to ascertain how your child is handling deployment? Yes

Pl: deployment?

P/

Sure

No Thanks

Letter Invites them to participate – Indicates how long it'll take.

Opportunity to fill out Efficacy Survey and/or child symptoms Questionnaire.

Family-Centered Medical Readiness

Family IMR Elements Chart



| Element | Affects SM | Affects FM |
|---|------------|------------|
| Dental | X | X |
| Periodic Health Assessments | X | X |
| (Deployment) Limiting Condition(s) | X | X |
| Immunization Status | X | X |
| Individual Medical Equipment/ Medications | X | X |
| Laboratory Studies Pending | X | X |
| Legal Paperwork | X | X |
| Finances | X | X |
| School/ Professional Career | X | X |
| Relationship Change/ Responsibility | X | X |
| Recent Loss | X | X |
| Recent Change of Habit (Smoking, Alcohol) | X | X |

Opportunity exists in your community!



Windows of Opportunity



"Seizing opportunity is not always easy. An ancient proverb states that many opportunities are missed because they come disguised as hard work."

Joe M. Sanders, Jr., M.D., AAP Executive Director

HISTORY REPEATS ITSELF.
Opportunity DOESN'T.



**Take advantage of lessons learned over the years.
Decrease negative effects of deployments on military families!**

Individual Medical Readiness and Family-Centered Care



- Q&A
- Comments
- Best Practices
- Lessons Learned

